

## General

### Title

Cardiac care: percentage of patients with ST-segment elevation acute coronary syndrome (STE-ACS) and indications for fibrinolytic treatment and door-needle time less than or equal to 30 minutes.

### Source(s)

Quality indicators in critically ill patients. Madrid (Spain): Spanish Society of Intensive and Critical Care and Units Coronary (SEMICYUC); 2011. 185 p.

## Measure Domain

### Primary Measure Domain

Clinical Quality Measures: Process

### Secondary Measure Domain

Does not apply to this measure

## Brief Abstract

### Description

This measure is used to assess the percentage of patients with ST-segment elevation acute coronary syndrome (STE-ACS) and indications for fibrinolytic treatment and door-needle time less than or equal to 30 minutes.

### Rationale

The aim of intensive care medicine is to provide critical patients with the healthcare that they need, ensuring the quality and safety of care. Intensive care medicine is one of the principal components of modern healthcare systems. There is an increasing demand for this resource, which involves high costs.

The quality of care has gradually come to be the central focus of healthcare, and in recent years patient safety has come to represent one of the key aspects of quality. In the case of intensive care medicine, this interest in quality is even more evident, not only because of its social and economic impact, but also because some of the dimensions involved in the quality of care of critical patients take on greater

importance: critical patients are more vulnerable, access to critical care is more limited so efforts to distribute resources equitably are more important, scant scientific evidence is available, and the efficiency is limited.

Early administration of fibrinolytic agents in ST-segment elevation acute coronary syndrome (STE-ACS), when indicated, reduces the size of the infarct, improves residual ventricular function, and reduces morbidity and mortality.

## Evidence for Rationale

Kushner FG, Hand M, Smith SC Jr, King SB 3rd, Anderson JL, Antman EM, Bailey SR, Bates ER, Blankenship JC, Casey DE Jr, Green LA, Hochman JS, Jacobs AK, Krumholz HM, Morrison DA, Ornato JP, Pearle DL, Peterson ED, Sloan MA, Whitlow PL, Williams DO, American College of Cardiology Foundation/American Heart Association Task Force. 2009 Focused Updates: ACC/AHA Guidelines for the Management of Patients With ST-Elevation Myocardial Infarction (updating the 2004 Guideline and 2007 F. Circulation. 2009 Dec 1;120(22):2271-306. [PubMed](#)

Quality indicators in critically ill patients. Madrid (Spain): Spanish Society of Intensive and Critical Care and Units Coronary (SEMICYUC); 2011. 185 p.

Rosell Ortiz F, Mellado Vergel FJ, Ruiz Bailen M, Garcia Alcantara A, Reina Toral A, Arias Garrido J, Alvarez Bueno M, Grupo Cardiologico de EPES, Grupo ARIAM de Andalucia. [Acute coronary syndrome (ACS) with elevated ST segment: consensus strategy for early reperfusion. The Public Enterprise for Health Emergencies and the ARIAM Project Andalusia]. Med Intensiva. 2007 Dec;31(9):502-9. [29 references] [PubMed](#)

Van de Werf F, Bax J, Betriu A, Blomstrom-Lundqvist C, Crea F, Falk V, Filippatos G, Fox K, Huber K, Kastrati A, Rosengren A, Steg PG, Tubaro M, Verheugt F, Weidinger F, Weis M, ESC Committee for Practice Guidelines (CPG), Vahanian A, Camm J, De Caterina R, Dean V, Dickstein K, Funck-Brentano C, Hellems I, Kristensen SD, McGregor K, Sechtem U, Silber S, Tendera M, Widimsky P, Zamorano JL. Management of acute myocardial infarction in patients presenting with persistent ST-segment elevation: the Task Force on the Management of ST-Segment Elevation Acute Myocardial Infarction of the European Society of Cardiology. Eur Heart J. 2008 Dec;29(23):2909-45. [257 references] [PubMed](#)

## Primary Health Components

Cardiac care; ST-segment elevation acute coronary syndrome (STE-ACS); fibrinolytic treatment; door-needle time

## Denominator Description

Number of patients with ST-segment elevation acute coronary syndrome (STE-ACS) and indications for fibrinolytic treatment (see the related "Denominator Inclusions/Exclusions" field)

## Numerator Description

Number of patients with ST-segment elevation acute coronary syndrome (STE-ACS) and indications for fibrinolytic treatment and door-needle time less than or equal to 30 minutes (see the related "Numerator Inclusions/Exclusions" field)

## Evidence Supporting the Measure

## Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

## Additional Information Supporting Need for the Measure

Unspecified

## Extent of Measure Testing

Unspecified

## State of Use of the Measure

### State of Use

Current routine use

### Current Use

not defined yet

## Application of the Measure in its Current Use

### Measurement Setting

Emergency Department

Emergency Medical Services

Hospital Inpatient

Intensive Care Units

### Professionals Involved in Delivery of Health Services

not defined yet

### Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

### Statement of Acceptable Minimum Sample Size

Unspecified

## Target Population Age

Age greater than or equal to 18 years

## Target Population Gender

Either male or female

# National Strategy for Quality Improvement in Health Care

## National Quality Strategy Aim

Better Care

## National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

# Institute of Medicine (IOM) National Health Care Quality Report Categories

## IOM Care Need

Getting Better

Living with Illness

## IOM Domain

Effectiveness

Timeliness

# Data Collection for the Measure

## Case Finding Period

Unspecified

## Denominator Sampling Frame

Patients associated with provider

## Denominator (Index) Event or Characteristic

Clinical Condition

Institutionalization

## Denominator Time Window

not defined yet

## Denominator Inclusions/Exclusions

### Inclusions

Number of patients with ST-segment elevation acute coronary syndrome (STE-ACS) and indications for fibrinolytic treatment

Note:

Indications for fibrinolytic treatment: Absence of contraindications and when percutaneous coronary intervention (PCI) cannot be performed within the recommended time period.\*

Population: All patients with STE-ACS who are candidates for fibrinolytic treatment discharged from the critical care department during the period reviewed.

\*The interval from first medical contact to balloon dilation should be less than 2 hours in all cases and less than 90 minutes in patients that arrive at the hospital within 2 hours who have a large infarct and low risk of bleeding.

### Exclusions

Patients with orders to limit life support

## Exclusions/Exceptions

not defined yet

## Numerator Inclusions/Exclusions

### Inclusions

Number of patients with ST-segment elevation acute coronary syndrome (STE-ACS) and indications for fibrinolytic treatment and door-needle time less than or equal to 30 minutes

Note:

Door-needle time: Time from entry in the emergency department (door) to the start of fibrinolytic treatment (needle). Fibrinolytic treatment prior to arrival at the emergency department is also considered correct door-needle time.

### Exclusions

Unspecified

## Numerator Search Strategy

Institutionalization

## Data Source

Electronic health/medical record

Paper medical record

Registry data

## Type of Health State

Does not apply to this measure

## Instruments Used and/or Associated with the Measure

Unspecified

## Computation of the Measure

### Measure Specifies Disaggregation

Does not apply to this measure

### Scoring

Rate/Proportion

### Interpretation of Score

Desired value is a higher score

### Allowance for Patient or Population Factors

not defined yet

### Standard of Comparison

not defined yet

### Prescriptive Standard

Standard: 100%

### Evidence for Prescriptive Standard

Quality indicators in critically ill patients. Madrid (Spain): Spanish Society of Intensive and Critical Care and Units Coronary (SEMICYUC); 2011. 185 p.

## Identifying Information

### Original Title

Door-needle time in ST-elevation acute coronary syndrome (STE-ACS).

## Measure Collection Name

Quality Indicators in Critically Ill Patients

## Measure Set Name

Cardiac Care and Cardiopulmonary Resuscitation (CPR)

## Submitter

Spanish Society of Intensive and Critical Care and Units Coronary - Clinical Specialty Collaboration

## Developer

Spanish Society of Intensive and Critical Care and Units Coronary - Clinical Specialty Collaboration

## Funding Source(s)

Boehringer Laboratories

## Composition of the Group that Developed the Measure

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## Financial Disclosures/Other Potential Conflicts of Interest

Unspecified

## Adaptation

This measure was not adapted from another source.

## Date of Most Current Version in NQMC

2011 Mar

## Measure Maintenance

Unspecified

## Date of Next Anticipated Revision

2016 Jul

## Measure Status

This is the current release of the measure.

The measure developer reaffirmed the currency of this measure in May 2016.

## Measure Availability

Source available in [English](#)  and [Spanish](#)  from the Spanish Society of Intensive and Critical Care and Units Coronary (SEMICYUC) Web site.

For more information, contact SEMICYUC at Paseo de la Reina Cristina, 36, 4<sup>o</sup> D, Madrid, Spain; Phone: +34-91-502-12-13; Fax: +34-91-502-12-14; Web site: [www.semicyuc.org](http://www.semicyuc.org) ; E-mail: [secretaria@semicyuc.org](mailto:secretaria@semicyuc.org).

## NQMC Status

This NQMC summary was completed by ECRI Institute on November 18, 2013. The information was verified by the measure developer on February 6, 2014.

The information was reaffirmed by the measure developer on May 10, 2016.

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## Production

## Source(s)

Quality indicators in critically ill patients. Madrid (Spain): Spanish Society of Intensive and Critical Care



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